

**European Association for Cranio-Maxillo-Facial Surgery  
(EACMFS)  
ENDOWMENTS COMMITTEE**

**APPLICATION FOR HUGO OBWEGESER TRAVELLING SCHOLARSHIP**

(Please type or use BLOCK CAPITALS and ensure that both sides are completed)

Surname/Nom/Name \_\_\_\_\_

First Name/Prenom/Vorname \_\_\_\_\_

Qualifications  
(Date and Institute) \_\_\_\_\_

Date of Membership of  
EACMFS \_\_\_\_\_

Present Post/Appointment \_\_\_\_\_

Address/Adresse/Anschrift \_\_\_\_\_

\_\_\_\_\_

Date of Appointment \_\_\_\_\_

**Details of Centre to be visited**

Name of Hospital/Institute \_\_\_\_\_

Head of Department \_\_\_\_\_

Nature of study/experience to be gained

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed dates of visit (should not exceed 4 weeks)

\_\_\_\_\_

Estimated expenses up to a maximum of 2000 €:  
(*proof of expenses required by provision of receipts*)

(a) travelling \_\_\_\_\_

(b) subsistence \_\_\_\_\_

**Documentary support**

1. Head of Department of present post/appointment

I support this application and confirm that a salary will continue to be paid during the period of leave of absence

\_\_\_\_\_ (signature)

\_\_\_\_\_ (Name)

2. Confirmation that written approval has been received from the Head of Department to be visited  
(please enclose a copy with this application) YES/NO

3. EACMFS Council Member (normally the appropriate National Councillor)

I am aware of the applicant's training and abilities and support this submission

\_\_\_\_\_ (signature) \_\_\_\_\_ (Name)

I agree that if successful in this application I will submit a report to the Secretary-General within three months of returning and that the copyright that the copyright of any paper resulting from the scholarship will rest initially with the Editor-in-Chief of the Journal of Cranio-Maxillo-Facial Surgery

\_\_\_\_\_ (signature) \_\_\_\_\_ (Date)

SUMMARY OF CURRICULUM VITAE (Please include details of previous appointments with dates/  
prizes/awards/distinctions etc and publications)

**It is strongly recommended that prospective candidates seek advice and approval from the respective national bodies supervising the training programmes BEFORE submitting this application**

Please return this application form via email when FULLY completed to:  
[secretariat@eacmfs.org](mailto:secretariat@eacmfs.org)

**(Applications regularly considered by the Endowments Committee)**

